

THIS FORM ALONG WITH DL STUDENT POLICY AND STUDENT WAIVER FORM TO BE FILLED OUT BY STUDENT AND PARENT AND RETURNED ON OR BEFORE FRIDAY! IF ALL FORMS NOT COMPLETED CORRECTLY AND/OR NOT RETURNED, STUDENTS MAY NOT STAY IN THIS CLASS!

(PRINT)

STUDENT'S NAME:

SCHOOL:

GRADE:

CLASS SCHEDULE (include all classes, along with teacher's name beside it):

I have read and received a copy of the following:

- Welcome letter
- List of materials needed
- Classroom procedures
- Distance Learning Informational letter
- Distance Learning Student Policy
- Student Waiver Form

I do ☐ do not ☐ have access to a computer at home.

I do ☐ do not ☐ have access to the web at home.

Student signature

date

Parent/guardian's names (print please)

contact number(s)

parents' email(s)

Parent's signature

date